

CERTIFICATE OF EXAMINING PHYSICIAN		Person's Name (Last, First, M.I.) <i>OH, Frederick</i>
To Support an Application for Involuntary Admission		Sex: <i>Male</i> Date of Birth: <i>6/12/80</i>
		Address: <i>CPC</i>

CERTIFICATION

I, PHILIP NINAN, hereby certify that:
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
on:

04	24	02
MO.	DAY	YEAR

 at CPC /admission area
(place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <i>Philip Ninan MD</i>	Print Name Signed <i>P-NINAN</i>	Title <i>Staff Psychiatrist</i>
Address <i>20-45 Winchester Blvd, Queen Village Ph. 718-264-4140</i>	Phone Number <i>718-264-4140</i>	Date <i>04 24 02</i>
		Time <i>3:30 AM PMP</i>
<p><i>21 yr old single male a resident of Crisis Residence who over the past several weeks has been loose on several occasions. Yesterday pt went to the bank where his aunt works and was agitated, demanding money. On his return to CPC he was irritable</i></p>		

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CERTIFICATE OF EXAMINING PHYSICIANTo Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

120128.
Off. Frederick

Sex: male

6/12/90
Date of Birth

CPC

Address

CERTIFICATIONI, L. ANTOINE, hereby certify that:
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
on: 04/24/90 at CPC Admitting area.
(Mo. Day Year) (place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature	Print Name Signed		Title	
<u>L. Antoine</u>	<u>L. ANTOINE</u>		<u>M.D. Psychiatrist</u>	
Address	Phone Number	Date	Time	
<u>80-457 Stepping Stone Blvd</u> <u>Breezes Village, NY 11427</u>	<u>(718) 264-4139</u>	<u>4/24/90</u>	<u>AM</u>	<u>PM</u>

21 year old single, unemployed white male residing at Stepping Stone/Crisis Residence was brought here to admitting area because of agitated, hostile, disruptive combative, threatening and assaultive behaviors. While patient was sitting in admitting, repeatedly, he assaulted staff.

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Person's Name (Last, First, M.I.)

members, involving in a fight with
Ku Klux Klan members.

Patient is presently very

hostile, irritable, uncooperative
potentially dangerous to himself
and others, requiring supertreatment
care at this time.

CERTIFICATE OF EXAMINING PHYSICIAN		Person's Name (Last, First, M.I.)
To Support an Application for Involuntary Admission		DeLuise, Joseph
		Sex: M Date of Birth: 8/2/61
		Address: CMH

CERTIFICATION

I, BALJIT K. SINGH MD, hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person on: 11/21/01 [MO. DAY YEAR] at Creedmoor Psych. Center [place where examined]
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature	Print Name Signed	Title
<u>B. K. Singh MD</u>	<u>B. K. SINGH MD</u>	<u>Psych. I</u>
Address	Phone Number	Date
<u>80-45 Winchester Blvd. Bronx NY 10427</u>	<u>(718) 264-4008</u>	<u>Mo. 24 Day 3 Min.</u>
<p><u>33 years old, w/s/m, homeless admitted to CPC on 11/12/01 on a CPL 730-4081 transferred from Kings County Hosp on 10/25/01. He was arrested on the charges of Criminal Trespass II. He was found sleeping on the roof (st. landing) of building next to his</u></p>		

Form OMH 471A(2-94)

CERTIFICATE OF EXAMINING PHYSICIAN

To Support and Application for Involuntary Admission

Person's Name (Last, First, M.I.)

Hoggard, Kim

Sex Date of Birth

Female

5/19/65

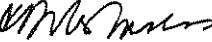
Address 80-45 Winchester Blvd., Queens Village, NY 11427

CERTIFICATION

I, Cynthia De Los Santos, M.D.

hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person.
- on: 6/30/05 at Creedmoor Psychiatric Center.
3. I find:
 - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill (*"in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgement is so impaired that he or she is unable to understand the need for such care and treatment*); and
 - b. as a result his or her mental illness, this person poses a substantial threat of harm to self or others (*"substantial threat of harm" may encompass (ii) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs*).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature	Print Name Signed	Title		
	Cynthia De Los Santos	Psychiatrist		
Address		Phone Number	Date	Time
30-45 Winchester Blvd., Queens Village, NY 11427		718-264-5046	6/30/05	11:00 A.M.
		Mo.	Day	Yr.
		Hr.	Min.	AM/PM

40 year old African American female, with no history of psychiatric treatment prior to 2005, was brought to CPC from Riker's Island on a CPL 730.40, charged with Criminal Contempt II. It was alleged that she violated an order of protection on 6/10/05, obtained by her father when she was angry, belligerent and threatening. The order of protection was from 5/2/05 until 6/22/05, and upon conversation with the father, he planned to renew it. The pt. was not forthcoming with her history, denied that an order of protection was obtained and contradicted what was reported in the evaluation done at the Queens Forensic Court Clinic. Her current mental status presents as a hypervigilant, irritable female, with marked guardedness and evasiveness. She insists that she should not be here, and perseverates about the judge not informing her, devaluing her lawyer's involvement. Paranoid delusions are evident, with no hallucinations observed or reported. She shows no insight and her judgment is impaired. She needs hospitalization for stabilization and treatment, is at risk to the safety of others.

Person's Name (Last, First, M.I.)

grandmother's Building. He has past H/S similar arrest On CPL evaluation Pt. was found Not Fit to proceed.

On evaluation Pt. a young man, stated age , appears physically calm, easily excitable. Affect seemed irritable, intense. Pt tends to become agitated during minimizes his behavioral problems or the impact his trespassing has on others. Pt presents as suspicious & paranoid. Insight & judgment is grossly impaired denied suicidal & homicidal intent or plan however he is considered a potential danger to self & others due to his H/S trespassing. Pt. not able to be integrated in the Community & needs further Psych. In. Patient administration.

CERTIFICATE OF EXAMINING PHYSICIAN To Support an Application for Involuntary Admission	Person's Name (Last, First, M.I.) DeLuise, Joseph Sex: m Date of Birth: 8/26/ Address: CPC
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CERTIFICATION

I, CYNTHIA DE LOS SANTOS, MD, hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
 on:

11	2001	
Mo.	DAY	YEAR

 at Creedmoor Psychiatric Center
 (place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <u>Cynthia De Los Santos</u>	Print Name Signed CYNTHIA DE LOS SANTOS	Title MD
Address 80-45 WINCHESTER BLVD	Phone Number 264-5046	Date 11 Mo. 20 Day 01 Yr. 11 Hr. Min.
<p>33 yr old Italian/Frish American ♂, admitted to CPC on 11/19/01 as a CPL 730.40, after being charged w- criminal trespass II. Pt acknowledge he was sleeping in the flight landing of the rooftop where his grandmother lived, has been homeless x 4 years. He has a MD EMT and crime nature and he claims his last use was "2 years ago"; Pt is </p>		

<p>Person's Name (Last, First, M.I.)</p> <p>DeLuise, Joseph</p> <p>intent and severity of substance abuse.</p> <p>He externalizes and blames others for his predicament. He is able to assault.</p> <p>MSE: P paranoid delusions are evident as pt states he is "controlled by the government"</p> <p>P grandiose delusions</p> <p>No current hallucinations, no current妄想 or homicidal behavior.</p> <p>Speech is spontaneous and overproductive, circumstantial mood is malleable at times, affect is appropriate to mood</p> <p>At suicide hospitalization considering presence of delusions, unawareness, lack of insight, the poor impulse control, tendencies and drug abuse</p>
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CERTIFICATE OF EXAMINING PHYSICIAN		Person's Name (Last, First, M.I.) <i>Milanitch Margarita</i>
To Support an Application for Involuntary Admission		Sex: <i>F</i> Date of Birth: <i>4/28/68</i>
		Address: <i>CAP</i> <i>8B 1/3</i>

CERTIFICATION

I, SYAMALA G. DESMIN, hereby certify that:
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
on:

01	04	07
MO.	DAY	YEAR

 at Oceanside Psychiatric Center.
(place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has had prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <i>Syamala Desmin</i>	Print Name Signed <i>SYAMALA G. DESMIN</i>	Title <i>Psychiatrist P</i>
Address <i>80-45 Winchester Blvd Queens Village, NY 11427</i>	Phone Number <i>718-264-4008</i>	Date Mo. <i>01</i> Day <i>07</i> Year <i>3</i> AM/PM Time

This is a 33 yr old Indian woman, single and unemployed, admitted to PB following an incident on 7/3 this morning. According to the patient she was not taking medication for last few days and today she runs gave her the medicine "She nurse pushed me and I pushed her back". After her Psychiatrist at QVOPD pt has not been attending the program regularly, and the Compliance

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Person's Name (Last, First, M.I.)

of medication was also questionable. She was also abusing the "pot". On evaluation she is calm at present, admits to not attending the programs regularly and now complies with medication. She denies hearing voices, no visual delusions existed at this time. Her mood is labile and has unpredictable behavior. PL is admitted to DB on 2/6/08 because of agitated unpredictable behavior.

Dynamath Doss

CERTIFICATE OF EXAMINING PHYSICIAN		Person's Name (Last, First, M.I.) <i>Ledesma Nancie 1216</i>
To Support an Application for Involuntary Admission		Sex: <i>F</i> Date of Birth: <i>4/30/61</i>
		Address: <i>CPC</i> CPC

CERTIFICATION

I, Aleeta Predanic, MD, hereby certify that:
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
on:

01	18	02
MO	DAY	YEAR

 at Crookneare Psychiatric Center
(place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <i>Predanic</i>	Print Name Signed <i>ALEETA PREDANIC, MD</i>	Title <i>Psychiatrist</i>
Address <i>80-45 Winchester Blvd, Queens Village 11427</i>	Phone Number <i>718 264 4129</i>	Date <i>Mo. 18 02 11</i>
		Time <i>AP Min. PT</i>

Pt is a 41 y/o F, transferred from Rikers Island, as CPC 730.40 status. Pt was charged w/ assault in third degree and resisting arrest, that were brought up by her husband. Pt is very guarded, refuses to give any information about herself, refuses to give any phone numbers of significant others. She states that she doesn't want any benefits. A

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Person's Name (Last, First, M.I.)

also states that her husband has done bad things, but wouldn't talk about it - states that everybody knows, they showed it on TV.

For now, pt is in need of inpatient level of care, for further evaluation and her safety.

(Handwritten)

CERTIFICATE OF EXAMINING PHYSICIAN		Person's Name (Last, First, M.I.) <i>LEDEZMA, MARCOS</i>
To Support an Application for Involuntary Admission		Sex. <i>F</i> Date of Birth <i>4/30/67</i>
		Address <i>CPC - 8B</i>

CERTIFICATION

I, CYNTHIA DE LOS SANTOS, (Name of Examining Physician) hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
on:

01	18	02
MO	DAY	YEAR

 at Creedmoor Psych. Ctr
(place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <i>Cynthia De Los Santos</i>	Print Name Signed <i>CYNTHIA DE LOS SANTOS</i>	Title <i>MD</i>
Address <i>80-45 WICKHESK BLVD</i>	Phone Number <i>264-4008</i>	Date <i>1 18 08</i>
	Mo. <i>1</i>	Day <i>18</i>
	Yr. <i>08</i>	Min. <i>15</i>
	A.P. <i>A</i>	

4146 Hispanic female who was admitted to CPC on 1/15/08 upon transfer from Riker's Island on a CR, charged with assault on 12/30, awaiting arraignment.

At present she is not under her own arrest. She has no idea why she is here.

Her PISE: She is pregnant, looks about age,

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Person's Name (Last, First, M.I.)

Family groomed good up contact, expressions
 speech, c/o Spanish accent, can speak and
 understand English to a degree, her tone is neutral,
 somewhat perverted; overemphasized and
 hyperbolized, a. annoyed at length her reason
 for arrest - " husband called the police"; b. I
 told them there were people working on my door".

Paranoid ideations focused on "ex-husband" family
 "They write things down & get me in trouble"; illogical
 accuse a Uncle B. trying her name in
 a her son's letter, "want to a judge to sue"
 but pt cannot specify why a brother would
 have her name, nor specifies the reason why
 she went to the judge.

No suicidal or homicidal plans elicited.

No hallucinations reported.

At nude sharp depiction for observation.
 (This is an unreliable history).

FORM QMH 471A (1-89)

State of New York
Office of Mental Health

CERTIFICATE OF EXAMINING PHYSICIAN		Person's Name (Last, First, M.I.) <i>Kim Young</i> <i>(Lee)</i>
To Support an Application for Involuntary Admission		Sex: <i>F</i> Date of Birth: <i>12/25/8</i>
		Address: <i>CPC</i> <i>13318 E</i>

CERTIFICATION

I, B. K. SINGH MD, hereby certify that:

(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person on: 12/27/01 at Creedmoor Psych. Center (place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature	Print Name Signed	Title
<u>B. K. Singh MD</u>	<u>B. K. SINGH MD</u>	<u>Psych - I</u>
Address	Phone Number	Date
<u>CPC</u> <u>80-45 Winchester Blvd.</u>	<u>(718)264-4008</u>	<u>12/27/01</u>
	Mo. Day Yr.	Time
	H. Min. P.	
<p><i>QUNY 11427</i> <i>31 yrs old, Korean, Female was admitted to CPC on 12/26/2001 on a CPL 730 final order of commitment transferred from EHC- forensic services. On 11/3/2001 pt. was arrested on charges of Petit larceny & Criminal possession of stolen property s.</i></p>		

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Person's Name (Last, First, M.I.)

Allegedly Pt. stole two pairs of gloves from a store. She was held in the custody of Rikers Island prison. She was found to be confused, disorganized, agitated, excited, suspicious, delusional. She was found to be irresponsible, illogical when interviewed through a Korean-speaking interpreter. She is alert, conscious, ambulatory. Insight & judgement grossly impaired. She is considered not able to care for herself. She is not able to be managed in the community. Pt. needs Continued Psych. In-Patient treatment.

CERTIFICATE OF EXAMINING PHYSICIAN		Person's Name (Last, First, M.I.) <i>Jaeleen Marlow AKA Jesus</i> 12/23
To Support an Application for Involuntary Admission		Sex: <i>M</i> Date of Birth: <i>1/15/82</i>
		Address: <i>CPC</i>

CERTIFICATION

I, Aleksa Predanic, MD,
(Name of Examining Physician) hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
on:

02	13	02
MO.	DAY	YEAR

 at Creedmoor Reformatory Center
(place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <i>Predanic</i>	Print Name Signed A. PREDANIC, M.D.	Title <i>Psychiatrist</i>
Address <i>80-45 Winchester Blvd, Queens Village, NY 11418</i>	Phone Number <i>(718) 264-4129</i>	Date <i>02 13 02</i>
	Time <i>3 PM</i>	Mo. Day Mo. Day Mo. Day
<p>Pt is a 20y/o BM transferred from Kings County Hospital Ctr. It was charged w/ Attempted Grand Larceny & w/ Attempted Petit Larceny.</p> <p>Pt presents as very hyperactive & pressured speech & grandiose delusions that he is God, that he's a jet pilot, that he is a top star and that he has a special gift. Pt was reportedly aggressive and threatening while at Kings County</p>		

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CERTIFICATE OF EXAMINING PHYSICIAN		Person's Name (Last, First, M.I.) <i>Jackson, Jermaine</i>
To Support an Application for Involuntary Admission		Sex: <i>M</i> Date of Birth: <i>1/15/82</i>
		Address: <i>CPC</i>

CERTIFICATION

I, CYNTHIA DE LOS SANTOS, MD, hereby certify that:
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
on:

0	2	1	3	0	2
MO	DAY	YEAR	at		

 at CPC - 83
(place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <i>Cynthia De Los Santos</i>		Print Name Signed <i>CYNTHIA DE LOS SANTOS</i>		Title <i>MD</i>	
Address <i>80-45 WINCHESTER BLVD</i>		Phone Number <i>764-4008</i>		Date <i>02/13/02</i>	Time <i>2:30 PM</i>
<p><i>2006 AIA § 81 transpired from</i></p> <p><i>Kings County Hospital on a 730</i></p> <p><i>It did occur of nothing and was</i></p> <p><i>charged to grand larceny and petit larceny</i></p> <p><i>It reported to using marijuana at that time.</i></p> <p><i>It minimizes what and residing of</i></p> <p><i>MJ and ETOH abuse, "maybe" used PCP.</i></p>					

Form OMH 471 A (1-89) page 2

CERTIFICATE OF EXAMINING PHYSICIAN

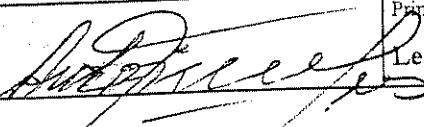
To Support and Application for
Involuntary Admission

Person's Name (Last, First, M.I.)	PC Number
Bobby White.	122525
Sex	Date of Birth
Male	12/10/1965
Address	CPC 80-45 Winchester Blvd. Queens Village, N.Y. 11427

CERTIFICATIONI, Leslie Antoine,

hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person.
3. I find:
 - d. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgement is so impaired that he or she is unable to understand the need for such care and treatment); and
 - b. as a result his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature	Print Name Signed	Title		
	Leslie Antoine	M.D. Psychiatrist		
Address	Phone Number	Date		Time
0-45 Winchester Blvd Queens Village, N.Y. 11427	1-718-264-4139	12/30/2005		1:45 P.M.
		Mo.	Day	Yr.
		Hr.	Min.	AM/PM

0 year old black, single, unemployed, undomiciled male was admitted to CPC on transfer from Bellevue Hospital Center on '30.40 CPL status. Patient was found to be an incapacitated person in that as a result of mental illness lacks capacity to understand the proceedings against him or to assist in his defense, Order for 730 Examination was given by the Court.. Patient is still found to be disorganized, guarded, paranoid, uncooperative, hostile, psychotic, therefore considered dangerous to himself and others and in need of inpatient care for stabilization of his mental process.

CERTIFICATE OF EXAMINING PHYSICIAN		Person's Name (Last, First, M.I.) <i>Laviscourt, Winne 06938</i>
To Support an Application for Involuntary Admission		Sex <i>F</i> Date of Birth <i>2/18/54</i>
		Address <i>CPC</i> <i>SB</i>

CERTIFICATION

I, SYAMALA G. DAS MD, hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
on:

10	10	02
MO.	DAY	YEAR

 at Creedmoor Psychiatric Center.
(place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <i>Syamala Das</i>	Print Name Signed <i>SYAMALA G. DAS MD</i>	Title <i>Psychiatrist</i>
Address <i>80-48 Manchester Blvd. Queens Village NY 11422</i>	Phone Number <i>718-264-4008</i>	Date Mo. <i>10</i>
		Time Day <i>10</i> AM <i>02</i> PM

This is a 48 yr. old African American married female, residing with her husband and 10 children was admitted to CPC on a 720-40 CPZ claim on 10/7/02. She is charged with assault in and harassment in. She denies any substance abuse. At the pt. one previous adm. to Holliswood Hospital this year. On evaluation pt. is calm, cooperative

Form OMH 471 A (1-89) page 2

CERTIFICATE OF EXAMINING PHYSICIAN		Person's Name (Last, First, M.I.) <i>Laviscourt, Winnie 069358</i>
To Support an Application for Involuntary Admission		Sex: <i>F</i> Date of Birth: <i>2/18/84</i>
		Address: <i>CPC</i> Zip: <i>8B</i>

CERTIFICATION

I, CYNTHIA DE LOS SANTOS, MD, hereby certify that:
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
on:

10	09	02
MO.	DAY	YEAR

 at Creedmoor Psychiatric Center
(place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has had prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <i>M. M. Monk</i>	Print Name Signed <i>C. DE LOS SANTOS</i>	Title <i>PSYCHIATRIST</i>
Address <i>C. P. C. 80-45 Winkler Blvd</i> <i>Ozone Park</i>	Phone Number <i>764-4008</i>	Date <i>10 09 84</i>
	Mo. Day Yr.	Time <i>4 Min. AM</i>

48 y/o African / Native American, married ♀, is admitted to CPC on a 720.40 CCL status after she was charged with harassment and assault. She has a history of self-mutilations, 2-3x at Diamond Hospital, following the aggressive behavior, e.g. hitting a ♀ in a grocery store. She has no history of abuse, but has a history of substance abuse, stating that nothing is worse than

Form OMH 471 A (1-89) page 2

Person's Name (Last, First, M.I.)

She reports that the 1st time she was hospitalized at Hennepin, she was released upon "court order", did not take meds while there, was re-hospitalized after two more days.

On NSE, she has information from memory about treatment & her treatment errors. She points to several whisms - "They set me up," that the doctor or H&H was rude/obnoxious; P is glibly dismissive, appears a braggadocio, believes he is immune. C SAD-SDP

No insight, emotional instability
He needs hospitalization for stabilization of his psychosis, or resistant to medication adjustment
to "memory problem"; blaming it on meds

VMR
Dr. L. S. Szwarc

FORM OMH 471A (1-89)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Sex:

Address:

120-88

9/1/58

Date of Birth

CERTIFICATION

B. K. SINGH MD

(Name of Examining Physician)

hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
on: 06/02 MO. DAY YEAR at Creedmoor Psych. Center
(place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration..
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature	B. K. Singh MD	Print Name Signed	B. K. SINGH	Title	Psych. I
Address	Creedmoor Psych Center - Queens Village NY	Phone Number	(718) 264-4608	Date	06/02/02
			Guyanese BA	Time	AM
<p>43 yrs old, s/f of Trinidad origin was admitted to CPC on 5/31/02 on a CPL 730.40 status transferred from Riker's Island Prison. Pt. was charged with Criminal Trespassing 3rd. On CPL trial action pt. was found Not Fit to Proceed.</p>					

Form OMH 471 A (1-89) page 2

Person's Name (Last, First, M.I.)

St. went to office of Comptroller at Educational Alliance office believing that their office was plotting against her, stole trillions of dollars from her, that Mayor Giuliani was involved in her case.

St. has past 4(0) Psych. illness & Psych. admissions since 1996. Has 4(0) treatment Non-compliance.

At present St. superficially calm female, pleasant however becomes guarded, evasive. St. continues to believe that she was invited to come to Education Alliance office, that she should have gone there with Police. St. is considered delusional, psychotic with impaired insight & judgment. She needs continued Psych. In-Patient admission.

State of New York OFFICE OF MENTAL HEALTH	C-130-40	APPLICATION FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION Section 9.27 Mental Hygiene Law
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II. GENERAL INFORMATION**A. Mental Hygiene Legal Service**

The Mental Hygiene Legal Service is an agency of the New York State Supreme Court which provides protective legal services, advice and assistance, including representation, to all patients admitted to psychiatric facilities. Patients are entitled to be informed of their rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

There is a Mental Hygiene Legal Service office in many psychiatric hospitals. Where there is no office at the hospital, a representative of the Service visits periodically and frequently. Any patient or anyone in his or her behalf may see or communicate with a representative of the Service by telephoning or writing directly to the office of the Service or by requesting someone on the staff of the patient's ward to make such arrangements for him or her. The Mental Hygiene Legal Service representative for this hospital may be reached at:

B. Reimbursement

The patient is legally responsible for the cost of care. Additionally responsible are the patient's spouse and in some cases the parents of a patient under the age of 21. Also legally responsible are the committee, guardian, or trustee of a trust fund established for the support of the patient, or any fiduciary or payee of funds for the patient.

Charges may be waived or reduced when there is inability to pay. Any person who applies for a waiver or reduction of charges must cooperate in a financial investigation to determine ability to pay.

PART A**Application for Admission**

I hereby apply for the admission of Sung Kim (Name of person)
to Crotonwood Psychiatric Center (Name of Hospital), a hospital providing services for the mentally ill.

My reasons for applying for admission of this person are as follows:

It is a 47 Korean, learned female, transferred from Elmhurst Hospital Center Unit at CPL 780.40, charged & assault. It absolutely denies that she attacked anybody and describes the intent offense as if she was assaulted. It states she has no mental illness, giving conflicting information on repeated interviewing was described as delusional, distractible and having voices. At this time it is in need of further patient stay for further evaluation and stabilization.

Under penalty of perjury, I attest that the information supplied on this application is true to the best of my knowledge and belief.

Signature of Applicant	Relationship/Title
<u>Charlotte Sizor</u>	<u>Exec Dir</u>
Address	Date
<u>CPC, 80-45 Winchester Blvd, QN, NY</u>	<u>8 5 02</u>
	MO. DAY YEAR

PART B**Psychiatrist's Confirmation of Need for Involuntary Care and Treatment in a Hospital**

I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION AND CONFIRM:

- that the person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill; and
- that as a result of his or her mental illness, the person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with noncompliance with mental health treatment programs).

Signature	Date
<u>Krauter, M.D.</u>	<u>8/1/02</u>
	Time
	<u>11:30 (A.M.)</u>
	MO. DAY YEAR
	P.M.

NOTE: Part B does not have to be completed for conversions of already-admitted patients to Involuntary 9.27 Status.

9-30-02

Form OMH 471 (MH) (2-94)

State of New York
OFFICE OF MENTAL HEALTH

**APPLICATION FOR
INVOLUNTARY ADMISSION ON MEDICAL
CERTIFICATION**

Section 9.27 Mental Hygiene Law

Note: The Examining Physician must consider alternative forms of care and treatment that might be adequate to provide for the person's needs without requiring involuntary hospitalization.

I. GENERAL PROVISIONS FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION

A. Standard for Admission

A person alleged to be mentally ill and in need of involuntary care and treatment may be admitted to a hospital providing inpatient services for the mentally ill, upon the certificates of two examining physicians accompanied by an application for admission for such person.

- "In need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment.
- The person in need of involuntary care and treatment must, as a result of his or her mental illness, pose a substantial threat of harm to self or others.

B. Application

- The application must be made within 10 days prior to admission by:
 - any person with whom the person alleged to be mentally ill resides;
 - the father or mother, husband or wife, brother or sister or the child of any such person or the nearest available relative;
 - the committee of such person;
 - an officer of any public or well recognized charitable institution or agency or home in whose institution the person alleged to be mentally ill resides;
 - the director of community services or social services official, as defined in the social services law, of the city or county in which any such person may be;
 - the director of the hospital or of a general hospital, as defined in article twenty-eight of the public health law, in which the patient is hospitalized;
 - the director or person in charge of a facility providing care to alcoholics or substance abusers or substance dependent persons;
 - the director of the division for youth, acting in accordance with the provisions of section five hundred seventeen of the executive law;
 - subject to the terms of any court order or any instrument executed pursuant to section three hundred eighty-four-a of the social services law, a social services official or authorized agency which has, pursuant to the social services law, care and custody or guardianship and custody of a child over the age of sixteen;
 - subject to the terms of any court order, a person or entity having custody of a child pursuant to an order issued pursuant to section seven hundred fifty-six or one thousand fifty-five of the family court act; or
 - a qualified psychiatrist* who is either supervising the treatment of or treating such person for a mental illness in a facility licensed or operated by the Office of Mental Health (* means a physician licensed to practice medicine in NY State, who is a diplomate of the American Board of Psychiatry and Neurology or is eligible to be certified by that Board, or who is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that Board).

C. Certification by Two Examining Physicians

The application must be supported and accompanied by two Certificates of Examining Physician (Form 471A). The examinations may be conducted jointly, but each examining physician must execute a separate certificate. If the examining physician knows that the person under examination has received prior treatment, s/he must, if possible, consult with the physician or psychologist furnishing such prior treatment.

The required examinations must be made within 10 days prior to the date of the patient's admission to the hospital.

A person is disqualified from acting as an examining physician if:

- he or she is not licensed to practice medicine in New York State.
- he or she is a relative of the person applying for admission, or of the person alleged to be in need of hospitalization.
- he or she is a manager, trustee, visitor, proprietor, officer, director, or stockholder of the hospital in which the patient is hospitalized or to which it is proposed to admit such person, or has any financial interest in such hospital other than receipt of fees, privileges or compensation for treating or examining patients in such hospital.
- he or she is on the staff of a proprietary hospital to which it is proposed to admit such person.

D. Hospital Evaluation, Admission and Retention

A physician on the psychiatric staff of the hospital, other than the original examining physicians, must examine the person alleged to be mentally ill and confirm the need for involuntary care and treatment prior to admission.

Subsequent to admission, if no request for a court hearing is made, the director may retain the patient for up to 60 days without taking other action.

If the hospital director determines that the condition of the patient requires hospitalization beyond 60 days:

- The patient may remain as a voluntary or informal patient if willing and suitable for such status.
- If the patient is unwilling or not suitable to remain as a voluntary or informal patient, the director must apply, before the end of the 60 day period, for a court order authorizing continued retention of the patient. The director must also inform the patient, the Mental Hygiene Legal Service, and others who received the original notice of the patient's commitment, that said director is applying for a court order, to give them the opportunity to request a hearing before the court, if they so desire.

State and Federal Laws prohibit discrimination based on race, color, national origin, age, sex, or disability.

CERTIFICATE OF EXAMINING PHYSICIAN		Person's Name (Last, First, M.I.) KIM SUNG 121-52
To Support an Application for Involuntary Admission		Sex: F Date of Birth: 11/24/5 Address: CPC (33/8B

CERTIFICATION

I, B. K. SINGH MD, hereby certify that:

(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
on: 08/20/02 MO. DAY YEAR at Creedmoor Psych. Center
(place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <u>B. K. Singh MD</u>	Print Name Signed <u>B. K. SINGH MD</u>	Title <u>Psych. I</u>
Address <u>80-05 Winchester Blvd Queens, NY 11427</u>	Phone Number <u>(718)264-4008</u>	Date <u>08 02 02</u>
		Time <u>Mo. Day Yr. Hr. Min. AM</u>

47 yrs old M/F, Korean, lives with her husband & son was admitted to CPC on 7/30/02 on a CPL 730.40 statute focus loss from Riker's Island Prison → EHC. On 5/23/02 Pt. was arrested for an alleged assault on her chinese neighbor. Pt. was hearing voices of of

Form OMH 471 A (1-89) page 2

Person's Name (Last, First, M.I.)

critical type at the time. On Constat
order Psych. evaluation Pt. was
considered Not fit to Proceed.

Pt. has past H/o emotional
problems, hearing voices since her
childhood & tends to become suspicious
& paranoid at time.

On 8/1/02 Pt. was evaluated
with help from Korean-speaking
translators. Pt. was unable to
explain circumstances of above
assault. She became intense angry,
excitable at time & denied any
mental illness or need for
Psych. treatment. She was confused
& disorganized in thinking. Insights
& judgment grossly impaired. Pt.
was considered a danger to self
& others & needs continued psych.
In-Patient treatment.

CERTIFICATE OF EXAMINING PHYSICIAN		Person's Name (Last, First, Middle)
To Support an Application for Involuntary Admission		Kim, Sung
		Sex: F
		Date of Birth: 11/24/57
		Address: CPC - 8B

CERTIFICATION

I, CYNTHIA DE LOS SANTOS, M.D., hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person on:

 at Creedmoor Psych. Ctr. - 8B
(place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature: <u>Cynthia De Los Santos</u>	Print Name Signed: <u>CYNTHIA DE LOS SANTOS, M.D.</u>	Title: <u>PSYCHIATRIST</u>	
Address: <u>C.P.C. 80-45 Winchester Blvd, Q.V.</u>	Phone Number: <u>264-4008</u>	Date: <u>08 01 02</u>	Time: <u>11 10 AM</u>
	Mo. Day	Yr.	Hr. Min. PT

Ms. Kim is a 47 yr old Korean F who was admitted to CPC on 7/30/02 in a CCL 730.40 c instant officer of assault in the 2nd fl. It stated that "2 Chinese people" invaded her apartment, for unknown reasons. She then stated that a fight occurred. It has a No psychiatric hospitalizations in Korea and in the US, No hospitalizations since a young girl, no known No a suicidal gesture at age 17/18 (1987), and no other known

Form OMH 471 A (1-89) page 2

Person's Name (Last, First, M.I.)

Kim Sung

into assaultive behavior. Pt denies PSA, admits to drinking
a can of beer every night. Pt is no non-compliant in tx
base. (Informed done through translation)

manually dressed & undressed, fully groomed, fair w/ regard.
Cooperative at times, guarded in others, controlled.

Mood is irritate, labile, affect is appropriate to mood,
speech is fluent in Korean, spontaneous; & paranoid
delusions, in Chinese people referred her apt, threatening her;
a known manager threatening things w/ her. Pt became vague
about hallucinations, denying it although she had acknowledged
it in the past. Denies STH ICD. Pt is no insight -

"I have no mental illness", feels victimized by the system,
"is controlled by the legal system, her family, my everything".
Judgment is impaired.

Dress: Polychromatic P/B, dynamic.

Pt. is in need of hospitalization for stabilization and
monitoring her assaultive symptoms, presents c paranoid
delusions, grandeur, manicuring and denial & tx
no insight and poor impaired judgment.

CERTIFICATE OF EXAMINING PHYSICIAN		Person's Name (Last, First, M.I.) <i>Collins, Alphonse</i> 85054
To Support an Application for Involuntary Admission		Sex: <i>Male</i> Date of Birth: <i>8/20/31</i>
		Address: <i>CPC</i> Zip: <i>135</i>

CERTIFICATION

I, PHILIP NINAN MD, hereby certify that:
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
 on: 03 06 03 at CPC / Bldg 40/9B
 (place where examined)
3. I find:
 - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
 - b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <i>Philip Ninan MD</i>	Print Name Signed <i>P. NINAN</i>	Title <i>Staff Psychiatrist</i>
Address <i>30-45 Wmndt Blvd, Green Village NY 11927</i>	Phone Number <i>718 264 4140</i>	Date <i>03 06 05</i>
		Time <i>AM</i>
<p>72 yr old homeless white male who was arrested for Criminal Trespass 3rd int was found unfit to stand trial and was released for commitment to a nursing home. He is disheveled and malodorous. He went to Clichville and Maladious. He went</p>		

Form OMH 471A (2-94) page 2

Person's Name (Last, First, M.I.)

And unable to have a goal directed conversation, talking and laughing inappropriately. He is disorganized and unable to take care of himself and needs impatient evaluation and stabilization

CERTIFICATE OF EXAMINING PHYSICIAN		Person's Name (Last, First, M.I.) <i>Collins, Alphonse 085054</i>
To Support an Application for Involuntary Admission		Sex: M..... Date of Birth Address <i>CPL 9A</i>

CERTIFICATION

I, RADHA SANKAR, MD, hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
 on:

0	3	0	6	0	3
MO	DAY	YEAR			

 at Coodmoor.
 (place where examined)
3. I find:
 - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
 - b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature	Print Name Signed <i>R Sankar</i>	Title <i>Psychiatrist</i>
Address St. 45 Winchester Blvd. Bronx, NY 10467	Phone Number 718-264-4007	Date Mo 3 Day 03 Yr 15 AM Time Hr. Min. R.P.M.

This is a 72 yrs old unemployed, Romanos white male
was arrested on 1/30/08 for Criminal Trespassing 3°.
You will found unfit to proceed on 7.30 Examination
at 1:00pm and sent to psychiatric from R. Law
for further treatment if no discharge can't

Form OMH 471A (2-94) page 2

Person's Name (Last, First, M.I.)

moderate when he comes. He is ~~data~~ very disorganized
 in his thinking with incoherent speech. Often
 speaks in a low monotone inaudible voice, whispering.
 He is unable to focus. Talks to himself laughing
 and gesturing to himself inappropriately in response
 to auditory hallucinations. He is also highly delusional
 claiming to know various stars, he was a real estate
 agent, worked in foreign exchange etc. Pt does not
 know he needs to be in the hospital or that
 he needs medication. Pt has had multiple
 hospitalizations and we him in court now.
 Complain to medication.

CERTIFICATE OF EXAMINING PHYSICIAN

To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Brantl Shawn 122121
Male 5/25/60
CPC

Sex

Date of Birth

Address

CERTIFICATION

I, Philip Ninan, (Name of Examining Physician), hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person on:

06	08	04
MO.	DAY	YEAR

 at Bldg 40/9B (place where examined).
3. I find:
 - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
 - b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature	<u>Kleinan MD</u>	Print Name Signed	P. NINAN	Title	MD
Address	80-15 Worpleson Blvd Queens Village, NY 11421	Phone Number	718 264 4140	Date Mo.	05 Day 04 3:45 AM Time Fr. Min. PM

44 yr old white male who was admitted on a CPC 730-60 status affix he was found unfit to stand trial for the charges of Assault 3° and Harassment 2°. He continues to be psychotic & delusional.

CPC 05 1433

Person's Name (Last, First, M.I.)

of grandeur and delusion and
needs impatient stabilization

CERTIFICATE OF EXAMINING PHYSICIAN

To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Cordero Carderito

Sex: Male Date of Birth: 10/11/78

Address: CPC

CERTIFICATION

I, PHILIP NINAN,
(Name of Examining Physician), hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person on: 07 08 03 at CPC, Bldg 601 Ward 9B
(place where examined)
3. I find:
 - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
 - b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature	Print Name Signed	Title
<u>Philip Ninan</u>	P. NINAN	Staff Psychiatrist
Address	Phone Number	Date
80-68 Winchester Blvd Quarryville, NY 11427	718 264 4140	07 Mo.
		08 Day
		03 Yr.
		9 30 AM Hr. Min. PM

27 yr old single, Hispanic male who was admitted on a 7B0.40 CPC status. He has a long psychiatric history with multiple hospitalizations since Jan '03 due to noncompliance and substance abuse.

CPC 05 1293

abuse. He is delusional and paranoid
believes people are watching him, is
grandiose about winning lottery etc.
He is overtly psychotic and in
need of urgent treatment stabilization

CERTIFICATE OF EXAMINING PHYSICIAN

To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Braault, Sherry

122121

Sex: male

5/25/60

CPC

Address

GB

CERTIFICATION

I, LESLIE ANTOINE M.D., hereby certify that:
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person

on: 06 08 04
 MO. DAY YEAR

at CPC - Elmhurst 40
 (place where examined)

3. I find:

- a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
- b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).

4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature	Print Name Signed	Title
<u>Leslie Antoine</u>	<u>L. ANTOINE M.D.</u>	<u>Staff Psychiatrist</u>
Address <u>85-40 Springfield Blvd</u> <u>Bellew's Village, NY 11427</u>	Phone Number <u>718</u> <u>264-4139</u>	Date <u>06</u> Mo. <u>D</u> Day <u>8</u> Yr. <u>04</u> Hr. <u>3</u> Min. <u>30</u> AM/PM <u>AM</u>

44 year old Caucasian separated, unemployed male was admitted to CPC on a CPL 73D-4D status evaluation which was ordered by the Court based on patient's disruptive, confused and bizarre behavior. Patient was found

CPC 05 1431

Person's Name (Last, First, M.I.)

unfit to stand trial for the charges of
Assault in the Third degree and harassment
in the Second degree. Patient is still psychotic
expressing delusions of persecution, grandiosity.
Patient needs inpatient care for
stabilization of his mental illness.

nm OMH 471A(2-94)

CERTIFICATE OF EXAMINING PHYSICIAN

To Support and Application for
Involuntary Admission

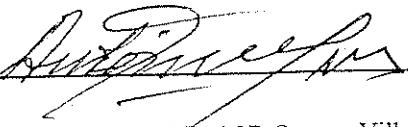
Person's Name (Last, First, M.I.)	C Number
Blodywon, Zhordrack	122345
Sex	Date of Birth
Male	12/15/71

Address 80-45 Winchester Blvd, Bldg 40, Ward 9B

CERTIFICATIONI, Leslie Antoine, M.D.,

hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person.
3. I find:
 - d. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgement is so impaired that he or she is unable to understand the need for such care and treatment); and
 - b. as a result his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature 	Print Name Signed Leslie Antoine, M.D.	Title M.D.		
Address 0-45 Winchester Blvd, Ward 9B Queens Village, N.Y 11427.	Phone Number 718-264-4139	Date 05/05/05	Time 10:30 AM.	
		Mo.	Day	Yr.
		Hr.	Min.	AM/PM

This is a 33 year old, black, single, unemployed male, admitted to Creedmoor Psychiatric Center on CPL status 730.40, final order of observation after being found unfit to stand trial for the charges of Criminal Trespass 111, Firearms 11, Harassment 11 and possession of a knife/sword. Patient has past history of psychiatric illness. He is socially withdrawn with constricted affect. He has poor insight into his problems. He needs further inpatient care for stabilization of his mental process.

Form OMH 471A (2-94)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Collins, Alphonse

85054

Sex..... Male

8/20/31

Address

CPC

135

CERTIFICATIONI, PHILIP NINAN MD, hereby certify that:
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
on: 03 06 03 at CPC / Bed # 4019B
(MO DAY YEAR) (place where examined)
3. I find:
 - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
 - b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <u>Philip Ninan MD</u>	Print Name Signed <u>P. NINAN</u>	Title <u>Self / Psychiatrist</u>
Address <u>88-45 Wmchale Blvd, Green Village, NY 10527</u>	Phone Number <u>718 264 4140</u>	Date <u>03 06 03</u> Mo. Day Yr.
		Time <u>3:30 AM</u>
<p><u>72 yr old brown hair white male who was arrested for Criminal Trespass 3rd but was found unfit to stand trial and was released for evaluation due above. He is disheveled and malodorous. Unconscious</u></p>		

Form OMH 471A (2-94) page 2

Person's Name (Last, First, M.I.)

and unable to have a goal directed conversation, talking and laughing inappropriately. He is disorganized and unable to take care of himself and needs impatient evaluation and stabilization.